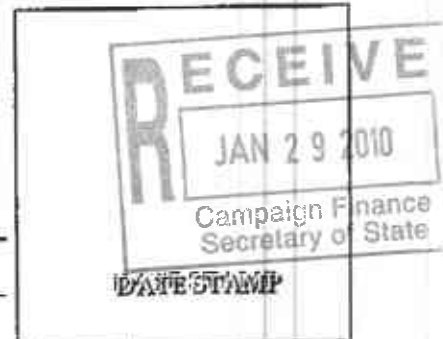


CANDIDATE'S REPORT  
OF RECEIPTS AND DISBURSEMENTS  
2009 SPECIAL ELECTION



Candidate's Name BRIAN ALDRIDGE

Full Address P.O. BOX 2611

Telephone 662-841-5833 (Fax) 662-620-0856

E-mail \_\_\_\_\_

Office Sought REP Political Party REP

☐ Check here if above is different from previous report

TYPE OF REPORT

- \_\_\_\_ October 27, 2009 Pre-Election Report (January 1, 2009, through October 24, 2009) ..... All Primary Candidates  
\_\_\_\_ November 17, 2009 Pre-Runoff Report (October 25, 2009, through November 14, 2009) ..... Runoff Candidates  
☒ January 29, 2010 Annual Report (November 17, 2009, through December 31, 2009) ..... All Candidates and Political Committees  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(Itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<del>1750.00</del>	\$ 1750.00	\$ 1750.00
Total amount of disbursements		\$ 1000.00	\$ 1000.00
Total amount of cash on hand		\$ 2804.15	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]  
Signature of Candidate

1-29-2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates associated with county elections should return the completed form to their Circuit Clerk.  
2. Candidates associated with statewide or multi-county elections return form to  
Delbert Hosemann, Secretary of State, Elections Division, PO Box 136, Jackson Mississippi 39205 or fax (601) 359-1499.

Name of Candidate or Committee BRIAN ALDRIDGE  
 Reporting period JAN 1, 2009 through DEC 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. INDEPENDENT RX PAC</u>	<u>9/22/09</u>	<u>\$ 500.00</u>
Mailing Address <u>4209 LAKELAND DR STE 399</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KOCH COMPANIES PUBLIC SECTOR, LLC</u>	<u>10/12/09</u>	<u>\$ 250.00</u>
Mailing Address <u>600 14TH STREET, NW STE 800</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>WASHINGTON, DC 20005</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T MS POLITICAL ACTION COMMITTEE</u>	<u>9/21/09</u>	<u>\$ 500.00</u>
Mailing Address <u>175 EAST CAPITOL STREET STE 702</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS INDEPENDENT PHARMACIES ASSOCIATION</u>	<u>10/1/09</u>	<u>\$ 500.00</u>
Mailing Address <u>4209 LAKELAND DR. STE 399</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>

Name of Candidate or Committee BRIAN ALDRIDGE  
 Reporting period JAN 1, 2009 through DEC 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>KIM COLLINS</u>	<u>3/1/09</u>	\$ <u>500.00</u>
Mailing Address		
<u>2604 E BAY CIRCLE</u>	<u>6/1/09</u>	\$ <u>500.00</u>
City, State, Zip Code		
<u>JAPELO, MS 38601</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>
Purpose of Disbursement (Optional)		
<u>PR</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		